

05-20-00 #4  
6/18/01 A/jc  
PTO  
09/579023  
05/25/00

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PTO/SB/50 (4/98)  
Approved for use through 09/30/2000. OMB 0651-0033  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Patent Application  
Washington, DC 20231

Attorney Docket No.	15031.340
First Named Inventor	Alex R. Roustaei
Original Patent Number	5,756,981
Original Patent Issue Date (Month/Day/Year)	05/26/1998
Express Mail Label No.	EK06917260649

APPLICATION FOR REISSUE OF:  
(check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS

- ☐ \* Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
- ☒ Specification and Claims (amended, if appropriate)
- ☒ Drawing(s) (proposed amendments, if appropriate)
- ☒ Reissue Oath / Declaration (original or copy)  
(37 C.F.R. § 1.175)(PTO/SB/51 or 52)
- Original U.S. Patent  
☒ Offer to Surrender Original Patent (37 C.F.R. § 1.178)  
(PTO/SB/53 or PTO/SB/54)  
or  
☐ Ribbioned Original Patent Grant  
☐ Affidavit / Declaration of Loss (PTO/SB/55)
- Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☒ Written Consent of all Assignees (PTO/SB/53 or 54)  
☒ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney

### ACCOMPANYING APPLICATION PARTS

- ☐ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
- ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
- ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
- ☐ \* Small Entity Statement(s) ☐ Statement filed in prior application, Status still proper and desired (PTO/SB/09-12)
- ☐ Preliminary Amendment
- ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
- ☒ Other: Declaration by Iza J. Schaefer, Declaration by Daniel Basov, Drawing Transfer Request, Request for Title Report

\* NOTE FOR ITEMS 1 & 10: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

### 14. CORRESPONDENCE ADDRESS

☐ Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or ☒ Correspondence address below

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Signature	Daniel Basov	Date	5/25/2000

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) <b>15031.340</b>		
<b>Claims as Filed - Part 1</b>								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) <b>37</b>	Total Claims (37 CFR 1.16(j))	(B) <b>46</b>	**** <b>9</b> =	x \$	=	or	x \$ <b>22</b> = <b>198.00</b>	
(C) <b>3</b>	Independent Claims (37 CFR 1.16(i))	(D) <b>3</b>	* <b>0</b> =	x \$	=		x \$ = <b>0.00</b>	
Basic Fee (37 CFR 1.16(h))					\$		\$ <b>790.00</b>	
Total Filing Fee					\$	OR	\$ <b>988.00</b>	
<b>Claims as Amended - Part 2</b>								
	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	=	x \$	=	or	x \$ =
Independent Claims (37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=		x \$ =
Total Additional Fee					\$	OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancelation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>03-1240</u> in the amount of \$ <u>988.00</u>. A duplicate copy of this sheet is enclosed.</p>								
<p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>03-1240</u>. A duplicate copy of this sheet is enclosed.</p>								
<p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p>								
<u>5/25/2000</u> Date		<u>Daniel Basov</u> Signature of Applicant, Attorney or Agent of Record						
		<u>Daniel Basov (42,303)</u> Typed or printed name						